

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/869382**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
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49			/			
50			/			
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	32	↓	31	↓		↓
TOTAL CLAIMS	33					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				/		
53				/		
54				/		
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TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY